

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025747

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB601 major
AMENDED

Registration District No. 352

Primary Registration District No.

Registrar's No. 51

FILED JUL 11 1962

1. PLACE OF DEATH

a. COUNTY

Taney

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Branson

Length of stay in 1b

4 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Skaggs Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Taney

Inside Limits

Yes ☐ No ☒c. CITY
OR
TOWN

Bradleyville

d. STREET
ADDRESS

(If outside, give location)

rural

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

ELMER

Middle

CHARLES

Last

BOWEN

4. DATE
OF
DEATH

Month

Day

Year

July 5, 1962

5. SEX

male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/16/1885

77

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

2 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR INDUSTRY

Oil field worker

11. BIRTHPLACE (City and state or country)

Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Rufus Bowen

13b. MOTHER'S MAIDEN NAME

Lucinda K. Kellert

14. NAME OF HUSBAND OR WIFE

Argie Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. IF YES, GIVE WAR OR DATES OF SERVICE

none

17. INFORMANT

Mrs Nina Gailey

Address

Bradleyville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension Essential, moderately severe -

DUE TO (c)

Generalized arteriosclerosis

yes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

25 July 2/62

to 2/5

and last saw her

7/5/62

Death occurred at

25 July 2/62

A.M.

A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W.C. Magness, M.D.

22b. ADDRESS

Branson, Mo

22c. DATE SIGNED

7/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

7/7/1962

23c. NAME OF CEMETERY OR CREMATORY

Patterson Cemetery

23d. LOCATION (City, town, or county)

Bradleyville, Mo

24. FUNERAL DIRECTOR

ADDRESS

Walter Cobb Branson, Mo

25. DATE RECD. BY LOCAL REG.

7-7-62

26. REGISTRAR'S SIGNATURE

Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1/660

2/660

3

4 0

5 1

6

7 1

8 2

9 444X

10

11

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Danvers MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.